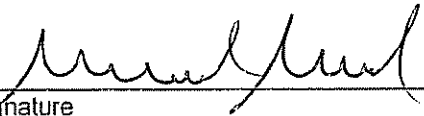
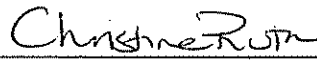


	CONTRACT AMENDMENT		ARIZONA DEPARTMENT OF HEALTH SERVICES 1740 W Adams, Room 303 Phoenix, Arizona 85007 (602) 542-1040
	Contract No: HP032097-003	Amendment No:1	Procurement Specialist Rebecca O'Brien

PROGRAM: Behavioral Health Services CPSA	
It is mutually agreed that the Contract referenced is amended as follows:	
<ol style="list-style-type: none"> 1 After the Special Terms and Conditions, replace the Definitions List with the Definitions List in this Amendment 2 After the Special Terms and Conditions, replace the Acronyms List with the Acronyms List in this Amendment 3. Add onto the Zip Code graph the following Zip Code area that the Contractor needs to provide coverage: ZIP Code 85135 for GSA 4 	
All other provisions shall remain in their entirety.	
Contractor hereby acknowledges receipt and acceptance of above amendment and that a signed copy must be filed with the Procurement Office before the effective date In accordance with A.R.S. §35-393 06, the Contractor hereby certifies that the Contractor does not have scrutinized business operations in Iran In accordance with A.R.S. §35-391 06, the Contractor hereby certifies that the Contractor does not have any scrutinized business operations in Sudan	The above referenced Contract Amendment is hereby executed this <u>21st</u> day of <u>July</u> 2010 at Phoenix, Arizona
<div style="display: flex; justify-content: space-between;"> <div>  Signature </div> <div> <u>7-16-10</u> Date </div> </div>	<div style="text-align: center;">  Christine Rota Procurement Officer </div>
Authorized Signatory's Name and Title: Neal Cash, President/CEO	
Community Partnership of Southern Arizona (CPSA)	
Contractor's Name	

	<p style="text-align: center;">CONTRACT AMENDMENT</p>		<p>ARIZONA DEPARTMENT OF HEALTH SERVICES 1740 W. Adams, Room 303 Phoenix, Arizona 85007 (602) 542-1040</p>
	<p>Contract No: HP032097-003</p>	<p>Amendment No:1</p>	<p>Procurement Specialist Rebecca O'Brien</p>

The following Solicitation Amendment changes shall be incorporated into the Contract:

4. In the Scope of Work, Paragraph 17, Quality Management Requirements, replace item 17.1.7 with:
 - 17.1.7 Inform ADHS Quality Management within one (1) day of high profile alert incident/accidents/deaths, in accordance with the ADHS/DBHS Policy and Procedure Manual section QM 2.5, Reports of Incidents, Accidents and Deaths and provide summary of findings and corrective actions required, if any, following investigation of the incident/accident/death
5. In the Scope of Work, Paragraph 17, Quality Management Requirements, replace item 17.1.9 with:
 - 17.1.9 Conduct peer review activities in accordance with the AHCCCS Medical Policy Manual AMPM CH. 900 and ADHS/DBHS QM Plan and Policy. The Contractor shall maintain an active Peer Review Committee that is chaired by the Contractor's CMO. The Contractor shall submit to ADHS, peer review information as requested by ADHS.
6. In the Scope of Work, Paragraph 17, Quality Management Requirements, replace item 17.2.1.6 with:
 - 17.2.1.6 Member Satisfaction Survey: Implement the annual satisfaction survey in conjunction with subcontractors when necessary. The Contractor shall use findings from the Satisfaction Survey in designing quality improvement activities to improve care for members.
7. In the Scope of Work, Paragraph 17, Quality Management Requirements, replace item 17.3.9 with:
 - 17.3.9 Submit Trending Analysis of incidents/accidents/deaths and seclusion and restraints quarterly in accordance with the performance improvement specifications.
8. In the Scope of Work, Paragraph 17, Quality Management Requirements, replace item 17.3.10 with:
 - 17.3.10 Submit Quality of Care Data
9. In the Scope of Work, Paragraph 31.3, Financial Viability, replace items 31.3.4.1.5.3 and 31.3.4.1.5.4 with:
 - 31.3.4.1.5.3 Total Non-Title XIX and Non-Title XXI Service Expense divided by total and Non-Title XIX and Non-Title XXI revenue shall be no less than eighty-eight point five percent (88.5%), may be adjusted for effective tax rate
10. In Scope of Work, Paragraph 10.10, Requirements for Service Delivery to Children and Adolescents, Item 10.10.8, replace with :

	<p align="center">CONTRACT AMENDMENT</p>		<p>ARIZONA DEPARTMENT OF HEALTH SERVICES 1740 W. Adams, Room 303 Phoenix, Arizona 85007 (602) 542-1040</p>
	<p>Contract No: HP032097-003</p>	<p>Amendment No:1</p>	<p>Procurement Specialist Rebecca O'Brien</p>

10.10.8 Deliver outpatient treatment services, support services and rehabilitation services in a timeframe manner and with the intensity and duration identified by the child and family **team** in the service plan.

11. Attachment A – Deliverables Table is now incorporated as an Attachment to the Contract.
12. Attachment E - Final Proposal Revision Offer Requirements is now incorporated as an Attachment to the Contract.

ATTACHMENT A – Deliverables Table

Contract No.: HP032097-003 (CPSA)

#	Contract Category	Report	Reference	Frequency	Due Date	Submit to
1	Cultural Competency	Quarterly Plan progress report	Contract	Quarterly	30 days after quarter end	bhscompliance@azdhs.gov
2	Cultural Competency	Annual Plan Evaluation	Contract	Annually	August 15 th	bhscompliance@azdhs.gov
3	Cultural Competency	Annual CC Plan	Contract	Annually	45 days after start of contract year	bhscompliance@azdhs.gov
4	Network	Case Management Inventory	Contract	Monthly	15 th of the month	bhscompliance@azdhs.gov
5	Network	Children's System of Care Network Development Plan Status Update Report and Adult System of Care Network Development Plan Status Update Report	Contract	Quarterly	15 th of the month following quarter end	bhscompliance@azdhs.gov
6	Network	Network Analysis and Inventory	Contract	Annually	April 1 st	bhscompliance@azdhs.gov
7	Network	Children System of Care Network Development Plans and an Adult System of Care Network Development Plan	Contract	Annually	July 1 st	bhscompliance@azdhs.gov
8	Network	Notification of Material Change to Network	Contract	Ad Hoc	Prior to Network Change	bhscompliance@azdhs.gov
9	Network	Notification of Unexpected Material Change to Network	Contract	Ad Hoc	Within one (1) day of knowledge	bhscompliance@azdhs.gov
10	Network	Plan to transition members affected by the change deficiency or condition to a different provider and to address a network change, deficiency or condition to restore the network to full capacity	Contract	Ad Hoc	Upon ADHS request	bhscompliance@azdhs.gov
11	Training	Annual Training Plan	Contract	Annually	September 15 th	bhscompliance@azdhs.gov
12	Training	Training Curriculum	Contract	Ad Hoc	Upon updates	bhscompliance@azdhs.gov
13	General Mental Health and SMI Employment	Annual Regional Vocational Plan	Contract	Quarterly	June 15 th	bhscompliance@azdhs.gov
14	General Mental Health and SMI Community Resources	Updated copy of its community resource guide	Contract	Quarterly	15 th of the month	bhscompliance@azdhs.gov

ATTACHMENT A – Deliverables Table

Contract No.: HP032097-003 (CPSA)

15	Peer Involvement for SMI	Quarterly Psychosocial Rehabilitation Progress Report	Contract	Quarterly	15 th of the month after quarter end	bhscompliance@azdhs.gov
16	Peer Involvement for SMI	Demonstrate that Peer Support Specialist / Recovery Support Specialists have met the training requirements and are employed on each adult recovery team	Contract	Quarterly	15 th of the month after quarter end	bhscompliance@azdhs.gov
17	Peer Involvement for SMI	Written description of the Process for Member Input	Contract	Ad Hoc	Upon ADHS request	bhscompliance@azdhs.gov
18	Housing for SMI	Monthly report of utilization of affordable housing options on Bridge Subsidy Program tenants connected to Section 8 vouchers or independence through self-sufficiency	Contract	Monthly	15 th of the month after month end	bhscompliance@azdhs.gov
19	Housing for SMI	Housing Inventory	Contract	Quarterly	15 th of the month after quarter end	bhscompliance@azdhs.gov
20	Housing for SMI	Internal property acquisition maintenance/inspection protocol	Contract	Annually	No later than 45 days upon the execution of the contract.	bhscompliance@azdhs.gov
21	Housing for SMI	Annual Housing Spending Plan	Contract	Annually	No later than 30 days from notification by ADHS that state funds have been allocated for housing development	bhscompliance@azdhs.gov
22	Housing for SMI	Initial Housing Plan	Contract	Annually	Sixty (60) days prior to contract start date and upon ADHS request thereafter	bhscompliance@azdhs.gov
23	Housing for SMI	Notice of Real Property Transactions	Contract	Ad Hoc	Upon ADHS request	bhscompliance@azdhs.gov

ATTACHMENT A – Deliverables Table

Contract No.: HP032097-003 (CPSA)

24	Service Delivery to Children and Adolescents	Case manager bimonthly inventories to monitor the status of case manager development and maintenance of effort	Contract	Bi-Monthly	15 th of the month after month end	bhscompliance@azdhs.gov
25	Service Delivery to Children and Adolescents	The status of the development and expansion of generalist support and rehabilitation services	Contract	Ad Hoc	Upon ADHS request	bhscompliance@azdhs.gov
26	Service Delivery to Children and Adolescents	The status of the number of children served through CFT practice	Contract	Ad Hoc	Upon ADHS request	bhscompliance@azdhs.gov
27	SAPT	Quarterly Wait List Report	Contract	Quarterly	15 th day after quarter end	bhscompliance@azdhs.gov
28	SAPT	HIV Activity Report	Contract	Quarterly	30 th day after quarter end	bhscompliance@azdhs.gov
29	SAPT	Notify ADHS when an intravenous drug abuse program has reached ninety (90%) percent of its capacity	Contract	Ad Hoc	Upon meeting 90% of its capacity	bhscompliance@azdhs.gov
30	Medical Management	Annual Medical Management Utilization Management (MM/UM) Plan and Work Plan	Contract	Annually	November 30 th	bhscompliance@azdhs.gov
31	Medical Management	Annual MM/UM Evaluation Report	Contract	Annually	November 30 th	bhscompliance@azdhs.gov
32	Medical Management	Medical Care Evaluation Studies conducted	Contract	Annually	October 10 th	bhscompliance@azdhs.gov
33	Medical Management	Utilization Data Report	Contract	Quarterly	30 th day after quarter end	bhscompliance@azdhs.gov
34	PASRR	PASRR Invoice	Contract	Monthly	10 th day after month end	bhscompliance@azdhs.gov
35	Prevention Services	Annual Prevention Plan	Contract	Annually	May 1 st preceding contractual year	bhscompliance@azdhs.gov
36	Prevention Services	Annual Prevention Report	Contract	Annually	August 1 st after contractual year end	bhscompliance@azdhs.gov
37	Prevention Services	Prevention Program Monitoring Protocol	Contract	Annually	May 1 st preceding contractual year	bhscompliance@azdhs.gov
38	Prevention Services	Report evaluation outcomes, and supplemental information	Contract	Annually	No later than August 1 st	bhscompliance@azdhs.gov

ATTACHMENT A – Deliverables Table

Contract No.: HP032097-003 (CPSA)

39	Prevention Services	Needs Assessment Summary	Contract	Ad Hoc	Six (6) months prior to issuing an RFP for prevention and six (6) months following contract award. once every three years thereafter.	bhscompliance@azdhs.gov
40	Prevention Services	Description and plan for new prevention programs	Contract	Ad Hoc	Thirty (30) days prior to program commencement	bhscompliance@azdhs.gov
41	Prevention Services	Prevention Services Contractor solicitations and amendments for prevention service	Contract	Ad Hoc	Fourteen (14) days before public release	bhscompliance@azdhs.gov
42	Prevention Services	Proposal evaluation and award of contract to provide prevention services	Contract	Ad Hoc	Upon ADHS request	bhscompliance@azdhs.gov
43	Prevention Services	Allegations of attempted suicide, sexual abuse, and death incident report	Contract	Ad Hoc	Upon ADHS request	bhscompliance@azdhs.gov
44	Prevention Services	Documentary evidence of First Aid certification	Contract	Ad Hoc	Upon ADHS request	bhscompliance@azdhs.gov
45	Prevention Services	Documentary evidence that the following health and safety inspections take place for any facilities owned, leased, or rented to provide prevention services	Contract	Ad Hoc	Upon ADHS request	bhscompliance@azdhs.gov
46	Prevention Services	Written notification of ending or discontinuation of any prevention subcontract or program or any other substantive change in the prevention network	Contract	Ad Hoc	Thirty (30) days prior to the ending or discontinuation of any prevention subcontract or program or any other substantive change in the prevention network	bhscompliance@azdhs.gov

ATTACHMENT A – Deliverables Table

Contract No.: HP032097-003 (CPSA)

47	Prevention Services	Written notification of the discontinuation of any program in the prevention network or if there are substantive changes to the prevention network	Contract	Ad Hoc	Within one (1) week of knowledge	bhscompliance@azdhs.gov
48	Quality Management	Child and Family Team Practice Reviews for Qualified Service plans	Contract	Monthly	Thirty (30) days after the end of the month	bhscompliance@azdhs.gov
49	Quality Management	Monthly Referral Logs for Routine Assessment Appointments	Contract	Monthly	Fifteen (15) days after month end	Bureau of Quality Management Operations
50	Quality Management	Monthly reports on Established Performance Incentives	Contract	Monthly	Within thirty (30) days after each monthly measurement period	bhscompliance@azdhs.gov
51	Quality Management	Child and Family Team Practice Reviews for Improvement Plans	Contract	Quarterly	30th day after quarter end	bhscompliance@azdhs.gov
52	Quality Management	Outpatient commitment report	Contract	Quarterly	30th day after quarter end	bhscompliance@azdhs.gov
53	Quality Management	Quarterly Performance Improvement Reports	Contract	Quarterly	30th day after quarter end	bhscompliance@azdhs.gov
54	Quality Management	Trending and Analysis – Incidents, Accidents, Deaths and Seclusions and Restraints	Contract	Quarterly	30th day after quarter end	Bureau of Quality Management Operations
55	Quality Management	Quarterly Showing Report	Contract	Quarterly	Ten (10) days after quarter end	bhscompliance@azdhs.gov
56	Quality Management	Annual Quality Management Plan and Work	Contract; AHCCCS AMPM Chapter 900; the ADHS/DBHS QM Plan and Work Plan	Annually	November 30 th	bhscompliance@azdhs.gov
57	Quality Management	Annual Report on Established Performance Incentives	Contract	Annually	Within forty five (45) days after the fiscal year end	bhscompliance@azdhs.gov
58	Quality Management	Annual Member Satisfaction Survey	Contract	Annually	Upon ADHS request	bhscompliance@azdhs.gov
59	Quality Management	Quality of Care Data	Contract	Ad Hoc	Upon ADHS request	bhscompliance@azdhs.gov
60	Quality Management	Submit Data and Records related to contract	Contract	Ad Hoc	Upon ADHS request	bhscompliance@azdhs.gov

ATTACHMENT A – Deliverables Table

Contract No.: HP032097-003 (CPSA)

61	Quality Management	High Profile Alert Incident, Accidents and Deaths	Contract	Ad Hoc	Within one (1) day of awareness	bhscompliance@azdhs.gov
62	Outreach and Marketing	Outreach Material	Contract	Ad Hoc	30 days prior to public release	bhscompliance@azdhs.gov
63	Outreach and Marketing	Marketing Materials	Contract	Ad Hoc	30 days prior to public release	bhscompliance@azdhs.gov
64	Coordination with AHCCCS Acute Care, PCP and other Agency Collaboration	Copy of each collaborative protocol	Contract	Annually	December 31 st	bhscompliance@azdhs.gov
65	Subcontractors	Fully executed originals of all subcontracts	Contract	Ad Hoc	Within two (2) days of ADHS request	bhscompliance@azdhs.gov
66	Subcontractors	All provider subcontract templates	Contract	Ad Hoc	Within twenty-four (24) hours of ADHS request	bhscompliance@azdhs.gov
67	Subcontractors	Copy of the ACCORD Certificate(s)	Contract	Ad Hoc	Upon subcontract execution, and on annual basis and upon request	bhscompliance@azdhs.gov
68	Contractor Compliance with Contract Requirements	Collect, track, trend and aggregate data and submit an annual report of contractor, subcontractor and provider non-compliance and the corrective measures taken, including the amount and duration of sanctions	Contract	Annually	July 15 th , 2011 and each year thereafter	bhscompliance@azdhs.gov
69	Business Continuity and Recovery Plan	Business Continuity and Recovery Plan	Contract	Annually	September 10, 2010 in the first Contract Year and by July 10th of each subsequent Contract Year	bhscompliance@azdhs.gov
70	Corporate Compliance	Copies of all completed internal and external audit reports and findings, which contain the requisite fraud and abuse audit steps	Contract	Quarterly	15 days after quarter end	bhscompliance@azdhs.gov
71	Corporate Compliance	Year-to-date fraud and abuse record and trend analysis	Contract	Quarterly	15 days after quarter end	bhscompliance@azdhs.gov

ATTACHMENT A – Deliverables Table

Contract No.: HP032097-003 (CPSA)

72	Corporate Compliance	Year-to-date list of all employees and subcontractors names that have been checked against the Exclude Parties List System (EPLS)	Contract	Quarterly	15 days after quarter end	bhscompliance@azdhs.gov
73	Corporate Compliance	Current Corporate Compliance program	Contract	Annually	July 1 st	bhscompliance@azdhs.gov
74	Corporate Compliance	Reports according to Section 29.3 REPORTING SUSPECTED FRAUD AND ABUSE of this contract.	Contract	Ad Hoc	Upon occurrence	bhscompliance@azdhs.gov
75	Finance	Monthly Financial Statements	Contract	Monthly	30th day after month end	Office of Financial Review
76	Finance	Quarterly Financial Statements	Contract	Quarterly	30 days after quarter end and 40 days after fourth quarter end.	Office of Financial Review
77	Finance	Administrative Cost Allocation Plan	Contract	Annually	May 2, 2011 and each year thereafter	Office of Financial Review
78	Finance	Draft Audited Financial Statements and the OMB Circular A-133 report	Contract	Annually	75 days after fiscal year end	Office of Financial Review
79	Finance	Draft Supplemental Reports to the Audited Financial Statements	Contract	Annually	75 days after fiscal year end	Office of Financial Review
80	Finance	Final Audited Financial Statements and the OMB Circular A-133 report	Contract	Annually	100 days after fiscal year end	Office of Financial Review
81	Finance	Final Audited Financial Statements for All Related Parties Earning Revenue under this Contract	Contract	Annually	120 days after fiscal year end	Office of Financial Review
82	Finance	Final Supplemental Reports to the Audited Financial Statements	Contract	Annually	100 days after fiscal year end	Office of Financial Review
83	Finance	Audited Statement of Activities	Contract	Annually	100 days after fiscal year end	Office of Financial Review
84	Finance	Performance Bond	Contract	Ad Hoc	30 days notification by ADHS to adjust the amount.	Office of Financial Review
85	Finance	Videoconferencing Equipment Inventory	Contract	Ad Hoc	Within 15 days of obtaining equipment	Office of Financial Review

ATTACHMENT A – Deliverables Table

Contract No.: HP032097-003 (CPSA)

86	Claims Payment Encounter	Check register report	Contract	Quarterly	Fifteen (15) days from the end of the quarter	ops@azdhs.gov
87	Claims Payment Encounter	Claims Dashboard	Contract	Quarterly	Thirty (30) days prior to the start of the quarter	ops@azdhs.gov
88	Encounter Submission	Contractor's CEO or CFO's written attestation	Contract	Ad Hoc	With each data encounter submission	ops@azdhs.gov
89	Mortality Data Submission	Incident reports of mortalities	Contract	Ad Hoc	Within 5 days of notification of a member's death	Bureau of Quality Management Operations
90	Policy	Contractor Member Handbook	Contract	Ad Hoc	Within 30 days of receiving the ADHS Template, or within a timeframe as otherwise specified	bhscompliance@azdhs.gov
91	Customer Service	Monthly Incident and Accidents Summary Report concerning Persons with SMI	Contract	Monthly	Ten (10) days after months end	Office of Human Rights
92	Customer Service	Complaint and Grievance Report	Contract	Quarterly	Thirty (30) days after quarter end	Office of Human Rights
93	Customer Service	Report for a Grievance, Appeal and Provider Claims or Request for Investigation involving a Person with Serious Mental Illness	Contract	Ad Hoc	Upon occurrence	Office of Human Rights
94	Customer Service	Contractors Response to Complaints	Contract	Ad Hoc	Upon request	Office of Human Rights
95	Customer Service	Monthly Redacted Restraint and Seclusion Summary Report Concerning Children and Persons with SMI	Contract	Monthly	Ten (10) days after months end	Office of Human Rights
96	Customer Service	Redacted Restraint and Seclusion Report Concerning Children and Persons with SMI	Contract	Ad Hoc	Upon ADHS request	Office of Human Rights
97	Customer Service	Redacted Incident and Accidents Report	Contract	Ad Hoc	Upon occurrence	Office of Human Rights
98	Special Assistance	Comprehensive report of Persons Identified as in Need of Special Assistance	Contract	Monthly	Ten days (10) days after months end	Office of Human Rights

ATTACHMENT A – Deliverables Table

Contract No.: HP032097-003 (CPSA)

99	Special Assistance	Identification Report of Persons Needing Special Assistance	Contract	Monthly	Ten days (10) days after months end	Office of Human Rights
100	Special Assistance	Updates to OHR's Quarterly Report of Persons Identified as in Need of Special Assistance	ADHS/BHS Policies and Procedure Manual	Quarterly	10th day of the month following receipt of draft report from OHR	Office of Human Rights
101	Special Assistance	Appeal, Results of the Informal Conference and Notices of Hearing Appeals involving a Person in Need of Special Assistance	Contract	Ad Hoc	Within five (5) working days of receipt/issuing of results/notice	Office of Human Rights
102	Special Assistance	Request for Special Assistance Report	Contract	Ad Hoc	Within three (3) working days of identifying	Office of Human Rights
103	Special Assistance	Grievance or request for investigation for a person in need of Special Assistance and the final decision letter	Contract	Ad Hoc	Within five (5) working days of receipt	Office of Human Rights
104	Special Assistance	Notification a person no longer in need of Special Assistance	Contract	Ad Hoc	Within ten (10) working days of determination	Office of Human Rights
105	Special Assistance	Notification of Person in Need of Special Assistance Report	Contract	Ad Hoc	Three days (3) days after months end.	Office of Human Rights

ATTACHMENT E – Final Proposal Revision Offer Requirements

Contract No.: HP032097-003 (CPSA)

	Best and Final Offer Requirement	General Provisions in Order to Comply/Deliverable	Due Date
1	2a. Method of Approach Federally Qualified Health Centers	Contractor shall contract with two (2) Federally Qualified Health Centers to offer members integrated behavioral health and physical health care.	July 1, 2010
2	2c. Method of Approach Dashboard	Contractor shall: 1. Convene a workgroup to design a Dashboard that will contain provider specific performance outcomes; 2. Publish the Dashboard on its website by July 1, 2010; 3. In addition to readmission and length of stay data, include other provider monitoring data as part of the Dashboard, including outpatient indicators; 4. Include dashboard results of providers from all awarded GSAs; 5. Include DBHS staff to participate in the workgroup; and 6. Include a consumer and/or family member to participate in the workgroup.	July 1, 2010
3	2d. Method of Approach Report Card	Contractor shall: 1. Convene a workgroup to design a Report Card that will contain system level outcomes; 2. Publish the Report Card on its website by July 1, 2010; 3. Include Report Card results from all awarded GSAs; 4. Include DBHS to participate in the workgroup; and 5. Include a consumer and/or family member to participate in the workgroup.	July 1, 2010
4	2e. Method of Approach Child and Family Support Services	Contractor shall have a contract with Child and Family Support Services (CFSS) to provide generalist support and rehabilitation services to high-risk children, including availability of twenty-four (24) Full Time	July 1, 2010

ATTACHMENT E – Final Proposal Revision Offer Requirements **Contract No.: HP032097-003 (CPSA)**

		Equivalents (FTEs).	
5	2f. Method of Approach High-Needs Case Managers	Contractor confirms that it shall maintain or expand, as needed, the staffing levels currently in place for high-needs case managers.	As Needed
6	2g. Method of Approach Individual and Family Affairs Administrator	Contractor shall hire a full-time Individual and Family Affairs Administrator.	July 1, 2010

Definitions

Contract No.: HP032097-003 (CPSA)

All the definitions contained in the solicitation and the resulting contract, including the definitions in the Uniform Terms and Conditions, Section A and in the Uniform Instructions to Offerors, Section A are incorporated herein and are defined as follows:

"638 Tribal Facility" or "638 Provider" means a facility owned and operated by an American Indian tribe authorized to provide services pursuant to Public Law 93-638, as amended.

"834 Transaction Enrollment/Disenrollment" means the HIPAA-compliant transmission, by a behavioral health provider to a T/RBHA and by a T/RBHA to ADHS/DBHS, of information to establish or terminate a person's enrollment in the ADHS/DBHS behavioral health service delivery system.

"A.A.C." means the Arizona Administrative Code.

"A.R.S." means the Arizona Revised Statutes.

"Action" means the denial or limited authorization of a requested service, including the type or level of service; 1) The reduction, suspension or termination of a previously authorized service; 2) The denial, in whole or in part, of payment of service; 3) The failure to provide services in a timely manner; 4) The failure to act within established timeframes for resolving an appeal or complaint and providing notice to affected parties; and 5) The denial of the Title XIX/XXI eligible person's request to obtain services outside the network.

"ACYF" means the Administration for Children, Youth and Families within ADES.

"ADES" means the Arizona Department of Economic Security.

"ADHS" means the Arizona Department of Health Services.

"ADHS Information System" means the ADHS/DBHS Information Systems in place or any other data collection and information system as may from time to time be established by the ADHS/DBHS.

"ADHS/DBHS" means the Arizona Department of Health Services, Division of Behavioral Health Services.

"ADJC" means the Arizona Department of Juvenile Corrections.

"Administrative Costs" means administrative expenses incurred to manage the behavioral health system, including, but not limited to: provider relations and contracting, provider billing, accounting, information technology services, processing and investigating grievances and appeals, legal services (including any legal representation of the Contractor at administrative hearings concerning the Contractor's decisions, and actions), planning, program development, program evaluation, personnel management, staff development and training, provider auditing and monitoring, utilization review and quality assurance. Administrative costs do not include expenses related to direct provision of behavioral health services including case management.

"ADOC" means the Arizona Department of Corrections.

"Appeal" A request for review of an action.

"ADOE" means the Arizona Department of Education.

"Adult" means a person eighteen (18) years of age or older, unless the term is given a different definition by statute, rule, or policies adopted by the ADHS or AHCCCS.

Definitions

Contract No.: HP032097-003 (CPSA)

"AHCCCS" means the Arizona Health Care Cost Containment System which is composed of the Administration, Contractors, and other arrangements through which health care services are provided to an eligible person, as defined by A.R.S. § 36-2902, et seq.

"AHCCCS Health Plan" means an organization or entity agreeing through a direct contracting relationship with AHCCCS to provide the goods and services specified by contract in conformance with the stated contract requirements, AHCCCS statute and rules and federal law and regulations.

"AHCCCS Prepaid Medical Management Information System (PMMIS)" means the electronic information system maintained by AHCCCS to determine Title XIX/XXI eligibility and AHCCCS Health Plan enrollment information.

"ALTCS" means the Arizona Long Term Care System administered through AHCCCS.

"American Indian Health Program" means the program that delivers health care to the eligible American Indian population living on the reservation through the Indian Health Service (IHS). Formerly known as AHCCCS HIS FFS Program.

"AMPM" means the AHCCCS Medical Policy Manual.

"AOC" means the Administrative Office of the Courts of the Arizona Supreme Court.

"Arizona Administrative Code (A.A.C.)" means the Rules filed with the Arizona Secretary of State.

"Arizona Long Term Care System (ALTCS)" means a program under AHCCCS that delivers long term, acute and behavioral health care services to eligible members, as authorized by A.R.S. §36-2931 et seq.

"Arizona Revised Statute (A.R.S.)" means the laws of the State of Arizona.

"Attachment" means any item labeled as an Attachment in the Solicitation or placed in the Attachment section of the Solicitation.

"BBA" means the Balanced Budget Act of 1997.

"Behavioral Health Disorder" means any behavioral or mental diagnosis and/or substance use (abuse/dependence) diagnosis found in the most current version of the Diagnostic and Statistical Manual or International Classification of Disorders.

"Behavioral Health Paraprofessional" means a staff member of a licensed behavioral health service agency as specified in A.A.C. Title 9, Chapter 20.

"Behavioral Health Professional" means a psychiatrist, behavioral health medical practitioner, psychologist, social worker, counselor, marriage and family therapist, substance abuse counselor or registered nurse with at least one (1) year of full time behavioral health work experience and who meets the requirements of A.A.C. Title 9, Chapter 20.

"Behavioral Health Provider" means any individual or facility that delivers behavioral health services in Contractor's provider network.

"Behavioral Health Recipient" means any adult or child receiving services in/through ADHS/DBHS funded programs. See also "member".

"Behavioral Health Services" means the services listed in the ADHS/DBHS Covered Behavioral Health Services Guide.

Definitions

Contract No.: HP032097-003 (CPSA)

"Behavioral Health Technician" means a staff member of a licensed behavioral health service agency as specified in A.A.C. Title 9, Chapter 20

"Best Practices" means evidence-based practices, promising practices, or emerging practices.

"Board Eligible for Psychiatry" means documentation of completion of an accredited psychiatry residency program approved by the American College of Graduate Medical Education, or the American Osteopathic Association. Documentation would include either a certificate of residency training including exact dates, or a letter of verification of residency training from the training director including the exact dates of training

"Capitation" is a method by which the Contractor is paid to deliver covered services for the duration of a contract to eligible persons based on a fixed rate per member per month notwithstanding (a) the actual number of eligible persons who receive care from the Contractor and (b) the amount of services provided to any enrolled person, a cost containment alternative to fee-for-service.

"Center for Medicare and Medicaid Services" (CMS, formerly HCFA) means the organization within the United States Department of Health and Human Services, which administers the Medicare and Medicaid program and the State Children's Health Insurance Program.

"CFR" means the Code of Federal Regulations.

"Child" means an eligible person who is under the age of eighteen (18), unless the term is given a different definition by statute, rule or policies adopted by the ADHS/DBHS or AHCCCS.

"Child and Family Team" or means a defined group of people that includes, at a minimum, the child and his/her family, a behavioral health representative, and any individuals important in the child's life and who are identified and invited to participate by the child and family. This may include, for example, teachers, extended family members, friends, family support partners, healthcare providers, coaches, community resource providers, representatives from churches, synagogues or mosques, agents from other service systems like CPS or DDD, etc. The size, scope and intensity of involvement of the team members are determined by the objectives established for the child, the needs of the family in providing for the child, and by which individuals are needed to develop an effective service plan, and can therefore expand and contract as necessary to be successful on behalf of the child.

"CIS" means the Client Information System.

"Claim" means a service billed under a fee-for-service arrangement.

"Claim Disputes" means a dispute involving a payment of a claim, denial of a claim, or imposition of a sanction

"Clean Claim" means a claim that may be processed without obtaining additional data from the provider of service or from a third party but does not include claims under investigation for fraud and abuse or claims under review for medical necessity.

"Client Information System (CIS)" means the data system used by ADHS/DBHS.

"CMDP" means the Comprehensive Medical and Dental Plan.

"CMHS" means the Community Mental Health Services Performance Partnership Program Pursuant to Division B, Title XXXII, Section 3204 of the Children's Health Act of 2000

Definitions

Contract No.: HP032097-003 (CPSA)

"CMS" (formerly HCFA) means Center for Medicare and Medicaid Services.

"Community Service Agency" means an agency as defined in the ADHS/DBHS Covered Behavioral Health Services Guide for details.

"Comprehensive Medical and Dental Plan" (CMDP) is an AHCCCS Health Plan administered through DES who provide for medical needs of children in the care and custody of the state.

"Contract" means the combination of the Solicitation, including the Uniform and Special Instructions to Offerors, the Uniform and Special Terms and Conditions, and the Specifications and Statement of Scope of Work; the Offer and any Best and Final Offers; and any Solicitation Amendments or Contract Amendments.

"Contract Amendment" means a written document signed by the Procurement Officer that is issued for the purpose of making changes in the Contract.

"Contract Year" means a period from July 1 of a calendar year through and including June 30 of the following year.

"Contractor" means the RBHA awarded this Contract.

"Covered Services" means those services listed in the ADHS/DBHS Covered Behavioral Health Services Guide.

"CPS" means the Child Protective Services within the ADES Administration for Children Youth and Families.

"Credentialing" means the process of obtaining, verifying and assessing information including applicable licensure, accreditation and certification requirements to determine whether a behavioral health professional, a behavioral health technician or a behavioral health provider has the required credentials to deliver behavioral health services to members.

"Cultural Competence" means a set of congruent behaviors, attitudes and policies that come together in a system, agency, or among professionals which enables that system, agency or those professionals to work effectively in cross-cultural situations.

"Days" means calendar days unless otherwise specified.

"DBHS" means the Division of Behavioral Health Services within ADHS.

"DDD" means the Division of Developmental Disabilities within ADES.

"Department" means the Arizona Department of Health Services.

"Deputy Director" means the Deputy Director for the ADHS/DBHS or his or her duly authorized representative.

"DHS" means the Arizona Department of Health Services.

"Dual Eligible" means a person eligible for Medicare who is also eligible for Medicaid (dual eligible) is in a medical institution that is funded by Medicaid for a full calendar month, the dual eligible person is not required to pay co-payments for their Medicare covered prescription medications for the remainder of the calendar year.

Definitions

Contract No.: HP032097-003 (CPSA)

"Eligible Person" means an individual who needs or is at risk of needing ADHS/DBHS covered services.

"Emergency Medical Condition" means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, serious impairments to bodily functions, or serious dysfunction of any bodily organ or part. What constitutes an emergency medical condition may not be limited on the basis of lists of diagnoses or symptoms.

"Emergency Medical Service" Covered inpatient and outpatient services provided after the sudden onset of an emergency medical condition furnished by a qualified provider that are necessary to evaluate or stabilize the emergency medical condition [42 CFR 438.114 (a)].

"Emerging Practices" means new innovations in clinical or administrative practice that address critical needs of a particular program, population or system, but do not yet have scientific evidence or broad expert consensus support.

"Encounter" means a record of a covered service rendered by a provider to a person enrolled with a capitated RBHA on the date of service.

"Enrolled Person" means a Title XIX, Title XXI or Non-Title XIX/XXI eligible person recorded in the ADHS/DBHS Information System.

"Enrollment" means the process of entering information about a person into Contractor and ADHS/DBHS information systems.

"Evidence-based Practice" means an intervention that is an integration of science-based evidence; the skill and judgment of health professionals; and the unique needs, concerns and preferences of the person receiving services.

"Exhibit" means any item labeled as an Exhibit in the Solicitation or placed in the Exhibits section of the Solicitation.

"Fee-for-Service Member" means a Title XIX or Title XXI eligible individual who is not enrolled with an AHCCCS Acute Care Health Plan ALTCS Contractor or Tribal RBHA.

"Formulary" means a list of Contractor's medications available for members that include all medications on the ADHS/DBHS minimum list of medications.

"Fraud" means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to the person or some other person. It includes any act that constitutes fraud under applicable Federal or State Law.

"GAAP" means Generally Accepted Accounting Principles.

"General Mental Health Adults" means a classification of adult persons age eighteen and older who have general behavioral health issues and have not been determined to have a serious mental illness.

"Geographic Service Area" means a specific region defined by zip codes to which this contract applies.

"GMH" means General Mental Health and is used to designate adult fund type.

"GMH/SA" means General Mental Health and Substance Abuse and is used to designate adult fund type.

Definitions

Contract No.: HP032097-003 (CPSA)

"Gratuity" means a payment, loan, subscription, advance, deposit of money, services, or anything of more than nominal value, present or promised, unless consideration of substantially equal or greater value is received.

"Grievance or Request for Investigation" For purposes of this section means a complaint that is filed by a person with Serious Mental Illness (SMI) or other concerned person's regarding a violation of the person with a SMI rights or a condition requiring an investigation. *"GSA"* means Geographic Service Area.

"HB2003" means House Bill 2003 enacted 2000 Arizona Session Laws, Chapter 2, Section 1 (5th Special Session)

"Health Insurance Portability and Accountability Act of 1996 (HIPAA)" means Public Law 104-291 Title II Subtitle F and regulations published by the United States Department of Health and Human Services, the administrative simplification provisions and modifications thereof, and the Administrative Simplification Compliance Act of 2001

"Health Plan Behavioral Health Coordinator" means a contact person and resource for behavioral health providers when problems arise concerning a person's medical care or any other health plan related issue.

"HIPAA" means Health Insurance Portability and Accountability Act of 1996.

"HUD" means the United States Department of Housing and Urban Development

"IBNR" means claims for covered services that have been Incurred But Not Reported.

"IGA" means an Intergovernmental Agreement

"IHS" means the Indian Health Service of the United States Department of Health and Human Services.

"IMD" means an Institution for Mental Disease

"Incurred But Not Reported (IBNR)" means liability for service rendered for which claims have not been reported

"Indian Health Service (IHS)" means the bureau of the United States Department of Health and Human Services that is responsible for delivering public health and medical services to American Indians throughout the country in accordance with treaties with Tribal Governments.

"Institution for Mental Disease (IMD)" means a hospital, nursing facility, or other institution of more than sixteen (16) beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services. An institution is an IMD if its overall character is that of a facility established and maintained primarily for the care and treatment of individuals with mental diseases (42 CFR 435.1009). In the State of Arizona, Level I facilities with more than sixteen (16) beds are IMDs except when licensed as a unit of a General Medical Hospital

"Interagency Service Agreement (ISA)" means an agreement between two or more agencies of the State wherein an agency is reimbursed for services provided to another agency or is advanced funds for services provided to another agency.

"Intergovernmental Agreement (IGA)" means an agreement conforming to the requirements of A.R.S. Title 11, Chapter 7, Article 3 (A.R.S. § 11-951 et. seq.)

"ISA" means an Interagency Service Agreement

Definitions

Contract No.: HP032097-003 (CPSA)

"KidsCare" means the Arizona version implementing the Title XXI of the Social Security Act, referred to in federal legislation as the "State Children's Health Insurance Program" (SCHIP).

"Level I Behavioral Health Facility" means a behavioral health agency as defined in A.A.C. Title 9, Chapter 20.

"Level II Behavioral Health Facility" means a behavioral health agency as defined in A.A.C. Title 9, Chapter 20.

"Level III Behavioral Health Facility" means a behavioral health agency as defined in A.A.C. Title 9, Chapter 20.

"Level IV Behavioral Health Facility" means a behavioral health agency as defined in A.A.C. Title 9, Chapter 20.

"Material Change" means an alteration or development within a provider network that may reasonably be foreseen to affect the quality or delivery of behavioral health services provided under this contract.

"Material Gap" means a temporary change in a provider network that may reasonably be foreseen to jeopardize the delivery of behavioral health services to an identifiable segment of the AHCCCS member population.

"Materials" means all property including equipment, supplies, printing, insurance and leases of property but does not include land, a permanent interest in land or real property or leasing space.

"Medical institutions" For purposes of the medical institution notification, medical institutions are defined as acute hospitals, psychiatric hospital-Non IMD, psychiatric hospital-IMD, residential treatment center-Non IMD, residential treatment center-IMD, skilled nursing facilities, and Intermediate Care Facilities for the Mentally Retarded.

"Medically Necessary Covered Services" means those covered services provided by qualified service providers within the scope of their practice to prevent disease, disability and other adverse health conditions or their progression or to prolong life. Medically necessary services are aimed at achieving the following: The prevention, diagnosis, and treatment of behavioral health impairments; the ability to achieve age-appropriate growth and development; and the ability to attain, maintain, or regain functional capacity.

"Medicare Modernization Improvement Act" The Medicare Modernization Improvement Act of 2003 created a prescription drug benefit called Medicare Part D for individuals who are eligible for Medicare Part A and/or enrolled in Medicare Part B.

"Medicare Part D excluded drugs" Medicare Part D is the Prescription Drug Coverage option available to Medicare beneficiaries, including those also eligible for Medicaid. Medications that are available under this benefit will not be covered by AHCCCS post January 1, 2006. There are certain drugs that are excluded from coverage by Medicare, and will continue to be covered by AHCCCS. Those medications are barbiturates, benzodiazepines, and over the counter medication. Prescription medications that are covered under Medicare, but are not on a Part D Health Plans formulary are not excluded drugs, and will not be covered by AHCCCS.

"Member" means a person who is eligible for or receiving behavioral health services.

"Member Information Materials" means any materials given to behavioral health recipients and includes: member handbooks, member newsletters, surveys, health related brochures videos, templates of form letters and website content.

Definitions

Contract No.: HP032097-003 (CPSA)

"Member Appeal" means a request for a review of an action in accordance with 42 CFR 438.400, and for a person with an SMI, an appeal of an SMI eligibility determination; decisions regarding eligibility for behavioral health services, including Title XIX services, fees and waivers; assessments and further evaluations; service and treatment plans and planning decisions; and the implementation of those decisions.

"Network Material Change" means a material change.

"Non-Title XIX/XXI Funding" means fixed, non-capitated funds, including funds from CMHS and SAPT, State appropriations, excluding state appropriations to support Title XIX and Title XXI programs, counties and other funds, which are used for services to Non-Title XIX/XXI eligible persons and for services not covered by Title XIX or Title XXI programs.

"Non-Title XIX/XXI Person" means an individual who needs or may be at risk of needing covered services, but does not meet Federal and State requirements for Title XIX or Title XXI eligibility.

"Offer" means bid, proposal or quotation.

"Offeror" means a vendor who responds to a Solicitation.

"Outreach" means activities to identify and encourage individuals who may be in need of behavioral health services to receive them.

"PCP" means Primary Care Provider.

"Post Stabilization Services" means medically necessary services, related to an emergency medical condition, provided after the person's condition is sufficiently stabilized in order to maintain, improve or resolve the person's condition so that the person could alternatively be safely discharged or transferred to another location.

"PMMIS" means the AHCCCS Prepaid Medical Management Information System. *"Primary Care Provider/Practitioner (PCP)"* is an individual who meets the requirement of A.R.S. 36-2901, and who is responsible for the management of a member's health care. A PCP may be a physician defined as a person licensed as an allopathic or osteopathic physician according to A.R.S. Title 32, Chapter 13 or Chapter 17, or a practitioner defined as physician assistant licensed under A.R.S. Title 32, Chapter 25, or a certified nurse practitioner licensed under A.R.S. Title 32, Chapter 15.

"Prior Authorization" means an action taken by ADHS/DBHS, a RBHA or a subcontracted provider that approves the provision of a covered service prior to the service being provided.

"Privileging" means the process used to determine if credentialed clinicians are competent to perform their assigned responsibilities, based on training, supervised practice and/or competency testing.

"Procurement Officer" means the person, or his or her designee, duly authorized by the State to enter into and administer Contracts and make written determinations with respect to the Contract ^{1,2}.

"Profit" means the excess of revenues over expenditures, in accordance with Generally Accepted Accounting Principles, regardless of whether the Contractor is a for-profit or a not-for-profit entity.

"Promising Practices" means clinical or administrative practices for which there is considerable evidence or expert consensus and which show promise in improving client outcomes, but which are not yet proven by the highest or strongest scientific evidence.

Definitions

Contract No.: HP032097-003 (CPSA)

"Provider" means an organization or behavioral health professional that provides behavioral health services to members

"Provider Network" means the agencies, facilities, professional groups or professionals under subcontract to the Contractor to provide covered services to behavioral health recipients.

"Psychiatrist" means a person who is a licensed physician as defined in A.R.S. Title 32, Chapter 13 or Chapter 17 and who holds psychiatric board certification from the American Board of Psychiatry and Neurology, the American College of Osteopathic Neurologist and Psychiatrist; or the American Osteopathic Board of Neurology and Psychiatry; or is board eligible.

"Qualified Health Care Professional" means a qualified health care professional that meets the qualifications to be an AHCCCS registered provider of behavioral health services, and who is a physician, a physician assistant, a nurse practitioner, a psychologist, or an independent Master's level therapist.

"RBHA" means a Regional Behavioral Health Authority.

"Referral for Behavioral Health Services" means any oral, written, faxed, or electronic request for behavioral health services made by any person, or person's legal guardian, family member, an AHCCCS health plan, primary care provider, hospital, jail, court, probation and parole officer, tribal government, Indian Health Services, school, or other state or community agency.

"Regional Behavioral Health Authority" means an organization under contract with the ADHS/DBHS to coordinate the delivery of behavioral health services to members in a designated geographic service area.

"Related Party" means a party that has, or may have, the ability to control or significantly influence a Contractor, or a party that is, or may be, controlled or significantly influenced by a Contractor. "Related parties" include, at a minimum, agents, managing employees or persons with an ownership or controlling interest in the disclosing entity, and their immediate families, subcontractors, wholly-owned subsidiaries or suppliers, parent companies, sister companies, holding companies, and other entities controlled or managed by any such entities or persons.

"RSA" means the Rehabilitation Services Administration within the ADES.

"RTC" means Level 1 Residential Treatment Center.

"SA" means Substance Abuse and is used to designate adult fund type.

"SAPT" means Substance Abuse Prevention and Treatment Performance Partnership Program pursuant to Division B, Title XXXIII, Section 3303 of The Children's Health Act of 2000 pursuant to Section 1921 -- 1954 of the Public Health Service Act and 45 CFR Part 96 Interim Final Rules.

"Serious Mental Illness" means a condition of persons who are eighteen (18) years of age or older and who, as a result of a mental disorder as defined in A.R.S. §36-501, exhibit emotional or behavioral functioning which is so impaired as to interfere substantially with their capacity to remain in the community without supportive treatment or service of a long term or indefinite duration. In these persons mental disability is severe and persistent, resulting in long term limitation of their functional capacities for primary activities of daily living such as interpersonal relationships, homemaking, self-care, employment and recreation.

"Service Provider" means an organization or behavioral health professional who meets the criteria established in this contract, has a contract with ADHS/DBHS or a subcontractor, AHCCCS Health Plan,

Definitions

Contract No.: HP032097-003 (CPSA)

Program Contractor or Tribal Government, as applicable, and is registered with AHCCCS to provide behavioral health services.

"Services" means covered behavioral health services

"SMI" means a person determined to be Seriously Mentally Ill

"State" means the State of Arizona and Department or Agency of the State that executes the contract.

"State Fiscal Year" means the period beginning with July 1 and ending June 30.

"State Plan" means the written agreements between the State of Arizona and CMS which describe how the AHCCCS programs meet all CMS requirements for participation in the Medicaid program and the Children's Health Insurance Program.

"Statistical Significance" means a mathematical measure of change within the sample population, when the sample population is large enough to be considered representative of the overall population. The change is said to be statistically significant if it is greater than what might be expected to happen by chance alone. The mathematical threshold is a statistically significant change would occur less than 5% of the time by chance alone.

"Subcontract" means any Contract, express or implied, between the Contractor and another party or between a subcontractor and another party delegating or assigning, in whole or in part, the making or furnishing of any material or any service required for the performance of the Contract.

"Subcontractor" means any third party under contract with the Contractor, in a manner conforming to the ADHS/DBHS requirements.

"Substance Abuse Adults" means a classification of adults age eighteen and older who have a substance use disorder and have not been determined to have a serious mental illness.

"Substance Use Disorders" means a range of conditions that vary in severity over time, from problematic, short-term use/abuse of substances to severe and chronic disorders requiring long-term and sustained treatment and recovery management.

"Support Services" means covered services as defined the ADHS/DBHS Covered Behavioral Health Services Guide.

"T/RBHA" describes both a RBHA and Tribal RBHA.

"Team" means a group of individuals working in collaboration who are actively involved in a person's assessment, service planning and service delivery. At a minimum, the team consists of the person, family members as appropriate in the case of children and a qualified behavioral health clinician. As applicable, the team would also include representatives from other state agencies, clergy, other relevant practitioners involved with the person and any other individuals requested by the person.

"Third Party Liability" means sources available to pay all or a portion of the cost of services incurred by a person.

"Title XIX" means Title XIX of the Social Security Act, as amended. This is the Federal statute authorizing Medicaid which is administered by the AHCCCS.

"Title XIX Covered Services" means those covered services identified in the ADHS/DBHS Covered Behavioral Health Services Guide as being Title XIX reimbursable.

Definitions

Contract No.: HP032097-003 (CPSA)

"Title XIX Eligible Person" means an individual who meets Federal and State requirements for Title XIX eligibility.

"Title XIX Member" means an AHCCCS member eligible for federally funded Medicaid programs under Title XIX of the Social Security Act including those eligible under Section 1931 provisions of the Social Security Act (previously AFDC), Sixth Omnibus Budget Reconciliation Act (SOBRA), Supplemental Security Income (SSI), SSI-related groups, and Title XIX Waiver Groups.

"Title XIX Waiver Member" means Parents/stepparents of KidsCare or SOBRA children whose family income is at or below two hundred percent (200%) of the Federal Poverty Level, have no other health insurance and meet other eligibility requirements.

"Title XXI" means Title XXI of the Social Security Act, referred to in federal legislation as the State Children's Health Insurance Program (SCHIP). The Arizona version of SCHIP is referred to as KidsCare.

"Title XXI Covered Services" means those covered services identified in the ADHS/DBHS Covered Behavioral Health Services Guide as being Title XXI reimbursable.

"Title XXI Eligible Person" means an individual who meets Federal and State requirements for Title XXI eligibility.

"Title XXI Member" means a person eligible for acute care services under Title XXI of the Social Security Act, referred to in federal legislation as the "State Children's Health Insurance Program" (SCHIP). The Arizona version of the SCHIP is referred to as KidsCare.

"Treatment" means the range of behavioral health care received by a behavioral health recipient.

"Treatment Services" means covered services provided to identify, prevent, eliminate, ameliorate, improve or stabilize specific symptoms, signs and behaviors related to, caused by, or associated with a behavioral health disorder.

"Tribal Liaison" means the single point of contact regarding delivery of behavioral health services to American Indian members.

"Tribal RBHA" means an American Indian tribe that has an IGA with ADHS/DBHS to coordinate the delivery of behavioral health services to members of a federally recognized Tribal Nation.

Acronyms

Contract No.: HP032097-003 (CPSA)

Acronym List

Acronym	Definition
A.A.C	Arizona Administrative Code
A.R.S	Arizona Revised Statutes
ACOM	Arizona Healthcare Cost Containment System Contractor Operational Manual
ADA	Americans with Disabilities Act
ADE	Arizona Department of Education
ADES/CPS	Arizona Department of Economic Security, Child Protective Services
ADES/RSA	Arizona Department of Economic Security Rehabilitation Services Administration
ADES/DCYF	Arizona Department of Economic Security, Division of Children, Youth and Families
ADHS	Arizona Department of Health Services
ADHS/DBHS	Arizona Department of Health Services/Division of Behavioral Health
ADJC	Arizona Department of Juvenile Correction
ADOC	Arizona Department of Corrections
ADOH	Arizona Department of Housing
AHCCCS	Arizona Healthcare Cost Containment System
ALTCS	Arizona Long Term Care System
AMPM	Arizona Healthcare Cost Containment System Medical Policy Manual
ASAM	American Society of Addiction Medicine
ASDB	Arizona State Schools for the Deaf and Blind
ASIST	Applied Suicide Intervention Skills Training
AzEIP	Arizona Early Intervention Program
BHP	Behavioral Health Professional
CAP	Corrective Action Plan
CCO	Chief Clinical Officer
CCP	Cultural Competency Plan
CEO	Chief Executive Officer
CFO	Chief Financial Officer
CFR	Code of Federal Regulations
CFT	Child Family Team
CIS	Client Information System
CLAS	National Culturally Linguistically and Appropriate Service Standards
CLEAR	Council on Licensure, Enforcement and Regulation
CLIA	Clinical Laboratory Improvement Amendments
CMHS	Community Mental Health Services
CMO	Chief Medical Officer
CMO	Chief Medical Officer

Acronyms

Contract No.: HP032097-003 (CPSA)

Acronym List

Acronym	Definition
CMS	Center for Medicare and Medicaid Services
CPHQ	Certified Professional in Healthcare Quality
CPR	Cardio Pulmonary Resuscitation Certification
CSA	Community Services Agency
DASIS	Drug and Alcohol Services Information System
DBHS	Division of Behavioral Health
DDD	Division of Developmental Disabilities
DES	Arizona Department of Economic Security
DIG	Data Infrastructure Grants
DRA	Deficit Reduction Act of 2005
DUI	Driving Under the Influence
EMS	Emergency Medical Services
EPLS	Excluded Provider List System
F.I.R.S.T.	Families in Recovery Succeeding Together
FTP	File Transfer Protocol
GAAP	Generally Accepted Accounting Principles
GAAS	Generally Accepted Auditing Standards
GMH	General Mental Health Adults
GSA	Geographical Service Area
HB 2003	House Bill 2003
HCTC	Home Care Training to Home Care Client
HHS	Health and Human Services
HIE	Health Information Exchange
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
HMIS	Homeless Management Information System
HRC	Human Rights Committees
HUD	Housing and Urban Development
ID	Identification
IDEA	Individuals with Disabilities Act
IGA	Intergovernmental Agreement
IHS	Indian Health Services,
IMD	Institution for Mental Disease
ISA	Inter-Service Agreements
ISP	Individual Service Plan

Acronyms

Contract No.: HP032097-003 (CPSA)

Acronym List

Acronym	Definition
IVR	Medicaid Eligibility Verification Service
LEIE	List of Excluded Individuals/Entities
LEP	Limited English Proficiency
MCE	Medical Care Evaluation
MEVS	Medicaid Eligibility Verification Service
MIS	Management Information System
MM/UM	Medical Management Utilization Management
MPS	Minimum Performance Standard
NACHA	National Automated Clearing House Association
OHR	Office of Human Rights
NPI	National Provider Identifier
OIG	Office of Inspector General
OMB	Office of Management and Budget
OPI	Office Program Integrity
PASRR	Pre-Admission Screening and Resident Review
PATH	Project for Assistance in Transition from Homelessness
PCP	Primary Care Physician
PDSA	Plan Do Study Act
PHA	Public Housing Authorities
PIP	Performance Improvement Plan, Process or Projects
PMMIS	AHCCCS Prepaid Medical Management Information System
QM	Quality Management
QOC	Quality of Care Concerns
RBHA	Regional Behavioral Health Authority
RFP	Request for Proposals
RSA	Rehabilitation Services Administration
RTC	Residential Treatment Center
SA	Substance Abuse
SAMHSA	Substance Abuse and Mental Health Services Administration
SAPT	Substance Abuse Prevention and Treatment
SED	Seriously Emotional Disturbance
SMI	Serious Mental Illness
SSI-MAO	Social Security Income Management Administration Office
SSL	Secure Sockets Layer
TDD	Telecommunications Device for the Deaf

Acronyms
Contract No.: HP032097-003 (CPSA)

Acronym List

Acronym	Definition
TRBHA	Tribal Regional Behavioral Health Authority
UR	Utilization Review
ZIP	Zone Improvement Plan